



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

HANDWASHING

Effective Date: April 22, 2014

Policy #: IC-05

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I. PURPOSE: To prevent contamination by bloodborne pathogens. Handwashing is the single most effective deterrent to the spread of infection.

II. POLICY:

- A. Hospital personnel shall wash their hands to prevent the spread of infections:
1. When hands are visibly dirty.
 2. Before eating and after using the restroom.
 3. Before and after having direct contact with patients.
 4. After removing gloves.
 5. Before handling an invasive device (regardless of whether gloves are used) for patient care.
 6. After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings.
 7. If moving from a contaminated body site to a clean body site during patient care.
 8. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
 9. After coughing or sneezing.

III. DEFINITIONS:

- A. Deterrent – something that deters, to prevent or discourage.

IV. RESPONSIBILITIES:

- A. The Hospital will provide handwashing facilities. Where sinks are not practical, alcohol based hand rub shall be available.
- B. The employees will advise managers directly of any locations where contamination could reasonably be expected to occur and hands cannot be cleaned in accordance with this policy.

V. PROCEDURE:

- A. Adjust running water to comfortable temperature and force at a level to prevent spattering water. Wet your hands with warm water and apply soap.
- B. Rub your hands together until soap forms a lather. Rub all areas of your hands and wrists vigorously and continue rubbing all over the top of your hands, in between your fingers and the area around and under your fingernails for a minimum of 20 seconds. Rinse hands with fingertips downward. The friction of

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the skin with soap and water is essential in hand washing. Microorganisms can be harbored unless effectively removed.

- C. Dry hands and wrists with a paper towel.
- D. Use a paper towel to turn off faucet. All manually controlled faucets are considered contaminated.
- E. When exiting the rest room, use a paper towel to open the door. A waste receptacle should be provided at the exit by Housekeeping except in the case of smaller bathrooms.
- F. Dry hand washing utilizing an instant hand sanitizer (without water) is an acceptable alternative except when hands are visibly dirty, visibly soiled with blood or body fluids or after using the toilet. Use the same procedure as above. Rub all areas vigorously until they feel dry. Hand wash with soap and water is the preferable choice of hand hygiene.
- G. **Nail Compliance:** Artificial nails or extenders are *strongly* discouraged in direct care areas and are not allowed when working with individuals who are at high risk for acquiring an infection. Nails should be natural and <0.5 cm long for nursing staff working with individuals who are at high risk for acquiring an infection. High risk individuals may have an IV, catheter, or other aseptic procedure/process. Polished nails are to be clean and unchipped.

VI. REFERENCES: CDC, WHO 2009, Medscape Today 11/27/2006

VII. COLLABORATED WITH: Director of Nursing, Infection Preventionist.

VIII. RESCISSIONS: #IC, *Handwashing* dated December 18, 2009; #IC-05, *Handwashing* dated October 30, 2006; #IC-05, *Handwashing* dated December 18, 2002; # IC-05, *Handwashing* dated February 14, 2000; HOPP #IC-02-04, *Handwashing* dated February 15, 1995.

IX. DISTRIBUTION: All hospital policy manuals

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Infection Preventionist

XII. ATTACHMENTS: None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director